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FEC FORM 3X

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FECHALL CENTER

2016 MAY 25 AM 7: 03

Rev. 12/2004

						Office Os	e Only
1. NAME COM	E OF MITTEE (in full)	TYPE OR PRINT		mple: If typing, t r the lines.	type 121	FE4M5	
Sin	91/1e 5 wb	ject An	nendmen	+			
ADDRESS	(number and street)	1267 Ja	ohin Kinic	DIXI RIDI	Suite	2 100	
L ti	Check if different nan previously eported. (ACC)	Tallal	hassee.		1 1/-	4 323	0.31-1
	IDENTIFICATION N		CITY A		STATE		ZIP CODE ▲
C	0,05426	96	3. IS THIS REPORT	NEW (N)	OR [AMENDED (A)	
	E OF REPORT se One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	long .	20 (M5) 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) (Quarterly Reports:		Apr 20 (M4)	اسة يسم	20 (M7)	Oct 20 (M10)	(Non-Election Year Only) Jan 31 (YE)
abla	April 15 Quarterly Report (Q1)			lend p		
	July 15 Quarterly Report ((c) 12-Day PRE-E Report		Primary (12P) Convention (12C)	Jamel Jamel	General (12G) Special (12S)	Runoff (12R)
	October 15 Quarterly Report ((Q3)	Name of the last o				in the
	January 31 Year-End Report ((YE)	Election on		<u>. </u>		State of
	July 31 Mid-Year Report (Non-electi Year Only) (MY)	POST-	Election	General (30G)		Runoff (30R)	Special (30S)
	Termination Report		Election on	M - FI / D			in the State of
5. Covering Period 0/ 20/6 through 0.3 3./ 20/6							
	at I have examined rint Name of Treasur		ne best of my kno pider We		ef it is true, co	orrect and comple	te.
Signature	of Treasurer	Wwelf	19		Date	0.5 6	0 2016
	T	neous, or incomplete	information may su	ubject the person	signing this Re	eport to the penalti	es of 52 U.S.C. § 30109
ļ	Office		l l			FEC	FORM 3X

2016:05:25:08:0007598M

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name Single Subject a	mond ment	
- Single swifter	······································	
Report Covering the Period: From:	01/01/2016	To: 0.3 13.7 20.1.6
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		Z4014
(b) Cash on Hand at Beginning of Reporting Period	24014	
(c) Total Receipts (from Line 19)	3642	3642
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	Z7656	7.76.56
7. Total Disbursements (from Line 31)	1.2,6.8.3	. 12683
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		1,49.7.3
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		:
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3642	
This committee has qualified as a mu	ulticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

	DETAILED SUMMARY PAGE of Receipts	D. 1
FEC Form 3X (Rev. 02/2003)		Page 3
Write or Type Committee Name	1 4	
Single Subject as	vendment	
Report Covering the Period: From:	/ 0/ 20/6 To	0: 03/3/2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
Transfers From Affiliated/Other Party Committees	3 6 4 2	3642
 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made 		
to Federal Candidates and Other Political Committees		
(b) Levin Funds (from Schedule H5)		
 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 	3642	
(subtract Line 18(c) from Line 19)▶	3642	36.4.2

3.6.4.2

3642

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calendar Year-to-Date
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating	Secretary and the secretary of the secre	
	Expenditures	12683	1.2683
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	1,2683	1.2683
22.	Transfers to Affiliated/Other Party		
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees		
24	Independent Expenditures		
	(use Schedule E)		
25.	Coordinated Party Expenditures		
	(52 U.S.C. § 30116(d)) (use Schedule F)		
26.	Loan Repayments Made	1 0 53 0 0 0 1 43	
27. 28	Loans MadeRefunds of Contributions To:		
	(a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
		Communication and American Communication and Communication	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements		
30	Federal Election Activity (52 U.S.C. § 30101(30))	:
30.	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		H N 419, 2 n 512 b F 22 N
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31	Total Disbursements (add Lines 21(c), 22,		•
٠,٠٠	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12683	12683
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	,,/2683	126.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 5
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12683	12683
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12683	12683
,		·

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE OF
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a	ay not be sold or used by any pe	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
) Single Subject amends	nent	
Full Name (Last, First, Middle Initial) A. West W. S.		Date of Receipt
Mailing Address 296 Rosell Or E		12 22 20 16
Mailing Address 295 Rosehill DI E City Tallahanee FL	Zip Code - 323/2	Amount of Each Receipt this Period
FEC ID number of contributing	32/1-	3.6.42
federal political committee. Name of Employer Occupation		Memo Item
Re	fired	
Primary General	Year-to-Date ▼	
Other (specify) ▼	47- x x 57- x 3x 6-4x2	
Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Necept this Feriod
federal political committee. Name of Employer Occupation		Memo Item
Teams of Employer	· 	Welle Kell
Receipt For: Aggregate Primary General	Year-to-Date ▼	
Other (specify) ▼	AAA.	·
Full Name (Last, First, Middle Initial)		Data of Bossist
C. Mailing Address		Date of Receipt
City State	Zip Code	
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.		
Name of Employer Occupation		Memo Item
Receipt For: Aggregate Primary General	Year-to-Date ▼	
Other (specify)		
SUBTOTAL of Receipts This Page (optional)		A. M. S. S. S.
TOTAL This Period (last page this line number only)		36,42

SCHEDULE C (FEC Form 3X) L

_OANS			Use separate schedule(s) PAG	E OF
			for each category of the Detailed Summary Page FC	OR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In	Full)			
		nerdmen	<i>t</i>	
LOAN SOUACE Full Na	ame (Last, First, Mid	ldle Initial)	Memo Item Election:	
Well	415		Prim.	•
00-00	0 1 1	0 6		r (specify) ▼
295	Rosehill A	72 8		
City Tallah	assee		Code 323/2	nding at Class of This Device
Original Amount of Loan		Cumulative Paymen		nding at Close of This Period
	36.4.2			36 42
TERMS				
Date Incu	irrea	Date I / ספס /	Due Interest Rate	Secured:
0.2 2.2	2016		0 %	(apr) Yes V No
List All Endorsers or G	uarantors (if any) t	o Loan Source		
1. Full Name (Last, Firs	st, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
Waning Address			Сострано	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	within the about the control of the
2. Full Name (Last, First	, Middle Initial)		Name of Employer	
Nation Address				
Mailing Address			Occupation	
City	State	ZIP Code	Guaranteed Outstanding:	-7:- A 2:-1
3. Full Name (Last, First	t, Middle Initial)		Name of Employer	
AA 35 AA 1				
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First	t, Middle Initial)	 	Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
City	State	Zir Code	Outstanding:	
SUBTOTALS This Period T	his Page (optional)			3642
			The state of the s	
TOTALS This Period (last)	page in this line only	y)		36.42
Carry outstanding balance	only to LINE 3, Sci	nedule D, for this lin	e. If no Schedule D, carry forward to ap	propriate line of Summary.

CHEDULE C (FEC	Form 3X)	
OANS		Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In F	(الد	
Single Su	bject amendmen	*
LOAN SOURCE Full Nan	(Last, First, Middle Initial)	Memo Item Election:
Webl	W. S.	Primary General
Mailing Address	osehill Dr E	VOther (specify) ▼ Expenses
City Talla		Code 3 2 3/2
Original Amount of Loan	Cumulative Paymer	
	2400	2400
TERMS Date Incurr	Date 2 0 1 5 - 1	Due Interest Rate Secured:
List All Endorsers or Gua	arantors (if any) to Loan Source	
1. Full Name (Last, First,	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First,	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First,	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First,	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period Th	is Page (optional)	
TOTALS This Period (last pa	ge in this line only)	
Carry outstanding balance of	nly to LINE 3. Schedule D. for this lin	e. If no Schedule D, carry forward to appropriate line of Summa

HEDULE C (FEC FO	iiii JA)			·
ANS			Use separate schedule(s) for each category of the	PAGE OF
	•		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)				* . * * * *
Single S	ubject	amendo	rent	
LOAN SOURCE Full Name (Last, 4 irst, Midd	lle Initial)	☐ Memo Item EI	ection:
Webb	Roselile			Primary General
	Rosehill	Dr E		Other (specify) ▼
City Tallahasse	e- :	State FL ZIP C		
Original Amount of Loan		Cumulative Payment	To Date Balance	Outstanding at Close of This Peri
	20,00	0 6 5)> 6 1		42000
TERMS Date Incurred		Date Du	e Interest Rate	Secured:
0.3 25 2	0.15			0 % (apr) Yes V
List All Endorsers or Guaran	tors (if any) to	Loan Source		
1. Full Name (Last, First, Mic	ddle Initial)		Name of Employer	·
Mailing Address			Occupation	1 1 1
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Mid-	dle Initial)		Name of Employer	
Mailing Address			Occupation	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
City	State	ZIP Code	Amount Guaranteed	one do successivo de la constante de la consta
	-1-1-12-IV		Outstanding:	and a conference of the confer
3. Full Name (Last, First, Mid	die initial)		Name of Employer	•
Mailing Address	1 11 100		Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Mid	dle Initial)		Name of Employer	
Mailing Address		usuj-,	Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	and one do self hands and and a self
UBTOTALS This Period This P	- 11111			

SCHEDULE C (FEC Form 3X)	
LOANS	Use separate schedule(s) PAGE OF for each category of the
	Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	
Single Subject amendment	
LOAN SOURCE Full Name (Last, First, Middle Initial)	☐ Memo Item
Webb. W.S.	Primary General
Mailing Address 295 Rosehill Dr. E	Other (specify) ▼
	ode 323/2
Original Amount of Loan Cumulative Payment To	
20,0,00	20000
TERMS Date Incurred Date Due	Interest Rate Secured:
12/2/2014 - 'S'	Millerest Hate Secured. Ves VNo
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
2. Full Name (Last, First, Middle Initial)	Outstanding:
2. I dii Ivanie (Last, I list, Iviiddie Illitral)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount grant
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount programme and a second programme and a
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)			
LOANS		Use separate schedule(or each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	1		·
Single Subject as		X	
LOAN SOURCE Full Name (Last, First, Middle Initia	al)	☐ Memo Item	Election:
Well, W.S.	4.050,000		Primary General
Mailing Address 295 Rosehill Dr E	<i></i>	0 - 2/2	Other (specify) ▼
City Tallaharsee State	ative Payment To Dat	323/2	Ince Outstanding at Close of This Period
Original Amount of Loan Cumula	alive Fayment to Dat	e Dala	mice Outstanding at Olose of This Fehice
	A = 5)S = A = -1 - 45 (b = -1		8,9.2.9.7
TERMS Date Incurred	Date Due	Interest Rate	e Secured:
07'01'2014 = '			O % (apr)
List All Endorsers or Guarantors (if any) to Loan S	Source		
1. Full Name (Last, First, Middle Initial)	Na	me of Employer	
Mailing Address	Oc	cupation	
	Ar	nount g	
City State ZIP C	Jouc	uaranteed utstanding:	
2. Full Name (Last, First, Middle Initial)	Na	ime of Employer	
Mailing Address	Oc	ccupation	
		nount	
City State ZIP C	J00C	uaranteed utstanding:	mil Them Count Brown Throw Count Count Count Count
3. Full Name (Last, First, Middle Initial)	Na	ame of Employer	
Mailing Address	00	ccupation	
		nount	and more describerations and constitution of the same
City State ZIP C	J000	uaranteed utstanding:	num 1 Samuel annum Brassoft Screen Brassoft Carrier Brass
4. Full Name (Last, First, Middle Initial)	Na	ame of Employer	
Mailing Address	O	ccupation	
		nount	
City State ZIP C	J00C	uaranteed utstanding:	Tambine Sant Sant Sant Sant Sant Sant Sant Sant
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)		>	the section of the se

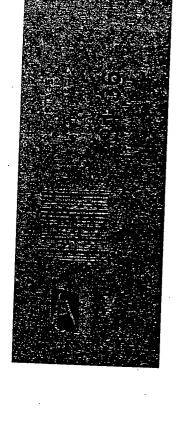
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

CHEDULE C (FEC	Form 3X)			
DANS		Use separate schedule(s) for each category of the	PAGE OF	
145 OF 201 WITTEE () F			Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Fu	· ·	<i>a</i> /	v .	
LOAN SOURCE Full Nam	Subject	amenda	ent	
1		dle Initial)	☐ Memo Item	Election: Primary
	W. S_		<u>.</u>	General
Mailing Address	sehill Dr	8		Other (specify) ▼
City Tallahasse		State FL ZIP Co	ode 323/2	
Original Amount of Loan		Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period
	,0,5,0,0			2,10500
TERMS Date Incurre	ed .	Date Due	Interest Rate	Secured:
0 4 ° 0 7 ′ 2	2079			% (apr) Yes VNo
List All Endorsers or Gua	rantors (if any) to	Loan Source		
1. Full Name (Last, First,	Middle Initial)	- 1 # # · · · · ·	Name of Employer	
Mailing Address	- Named	14 E Norma	Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	23
2. Full Name (Last, First, N	vliddle Initial)		Name of Employer	
Mailing Address	******	· ·	Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	Daniel Carlotte Control Control
3. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, N	Middle Initial)		Name of Employer	·
Mailing Address	•		Occupation	•
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	1975 - Andrews Consell Simulation Consell Simulation Consell
<u> </u>			generally .	
SUBTOTALS This Period This	s Page (optional)		• L	
OTALS This Period (last page	ge in this line only))	
Carry outstanding halance of	nly to 1 INF 3 Sch	edule D. for this line 1	I no Schedule D. carry forw	ard to appropriate line of Summary.
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SCHEDULE C	(FEC	Form	3X)
LOANS			

CANC	Use separate schedule(s)	PAGE OF	
LOANS	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X	
NAME OF COMMITTEE (In Full)			
Single Subject amendment			
LOAN SOURCE Full Name (Lest, First, Middle Initial)	☐ Memo Item ☐	ection:	
Webb W.S.		Primary General	
Mailing Addrson /			
29 Rosehill Dr. E		:	
City Tallahanea State FL ZIP Coo	le 323/2		
Original Amount of Loan Cumulative Payment To	o Date Balance Outstanding at Close of This Period		
46,00,00		460000	
TERMS Date Incurred Date Due	Interest Rate	Secured:	
03/07/2019		⊘% (apr) Yes ☑No	
List All Endorsers or Guarantors (if any) to Loan Source			
1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:	nadament was 55 mentament marie 25 mentament	
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount Guaranteed		
City State ZIP Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation	****	
	Amount		
City State ZIP Code	Guaranteed Outstanding:	and the control of th	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			
- carry concentring valance only to LINE 3, schedule D, for tills lille. It i	no ocheudie o, cally lufWaft	a to appropriate inte ur Suttitiaty.	

weehill Dr. East



RECEIVED FEC HAIL CENTER 2016 MAY 25 AM 7:03

Jederal Electron Commusers 999 E_Street NW Nathington DC 20×63

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
A	5/25/16
PREPARER (3/2015)	DATE PREPARED